

H-3050 CHILDREN UNDER AGE 19-PHASE IV LaCHIP (SCHIP)**H-3051 GENERAL INFORMATION**

Effective May 1, 2007, the Louisiana Department of Health and Hospitals implemented an expansion of the State Child Health Insurance Program (SCHIP) to provide prenatal care services, from conception to birth, for low income uninsured mothers who are not otherwise eligible for other Medicaid programs. This program, Phase IV LaCHIP, also covers non-citizen women who are not qualified for other Medicaid programs due to citizenship status only.

Note:

Non-immigrants not eligible for any Medicaid program as listed in I-316 can be considered for Phase IV LaCHIP but remain ineligible for Emergency Medical Services (EMS).

The Patient Protection and Affordable Care Act of 2010, referred to as the Affordable Care Act (ACA), combines all mandatory and optional eligibility groups for individuals under age 19 into one coverage group. Phase IV LaCHIP is considered under the Children Under Age 19 Group as the program benefits the unborn child (conception to birth). Eligibility for Phase IV LaCHIP is determined by using Modified Adjusted Gross Income (MAGI) methodology.

MAGI based income for Phase IV LaCHIP enrollees must not exceed 214% of the Federal Poverty Level (209% FPL plus 5% disregard).

H-3052 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

H-3052.1 Determine Assistance Unit

The assistance unit consists of the pregnant woman.

H-3052.2 Establish Categorical Requirement

A Phase IV LaCHIP pregnant woman must be pregnant for each month of eligibility.

H-3052.3 Establish Non-Financial Eligibility

Verify eligibility for each member of the assistance unit with regard to the following factors:

- Assignment of Third Party Rights I-200
- Citizenship/Alien Status I-300
- Enumeration I-600
- Residence I-1900
- Creditable Health Coverage I-2200

For Phase IV LaCHIP, Citizenship/Alien Status verification and enumeration are not eligibility requirements. Attempt to obtain and document any information the applicant can offer for herself and income unit members.

Applicants must be uninsured at the time of application. Applicants are considered to be uninsured if they do not have creditable health insurance that provides coverage of prenatal care services.

For Phase IV LaCHIP an applicant cannot have nor have access to a state employee health benefits plan that covers prenatal services. A state employee health benefits plan is a plan that is offered or organized by the state government, or on behalf of state employees, or other public agency for employees within the state.

H-3052.4 Establish Need

Household composition and countable Income for Phase IV LaCHIP Children is based on MAGI. Refer to I-1550, MAGI Determinations.

Compare MAGI-based income to Phase IV LaCHIP Income Standard. [Refer to Z-200, Federal Poverty Income Guidelines.](#)

H-3052.5 Eligibility Decision

Evaluate all eligibility requirements and verifications received to make the eligibility decision.

H-3052.6 Certification Period

The certification period shall begin with the first month of eligibility and continuing without interruption until the pregnancy ends. Complete a renewal at the time the pregnancy ends.

Retroactive medical eligibility shall be explored for the three months prior to the month of application if applicant was pregnant in the months requested. Refer to H-1800, Retroactive Medical Eligibility (RME).

H-3052.7 Notice of Decision

Send the appropriate notice of decision to the applicant/enrollee.

H-3052.8 Deem Newborn

The newborn is deemed eligible at birth if the mother is determined eligible, initially or retroactively, for the month of birth. Refer to H-400, Deemed Eligibles.